

AFL CARE PROGRAMS
CORE BASELINE QUESTIONNAIRE

FOR
PREGNANT CLIENTS

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OMB NO.: 0990-0290
EXPIRATION DATE: 09/30/2008

U.S. Department of Health & Human Services; OS/OIRM/PRA;
200 Independence Ave., S.W., Suite 531-H; Washington D.C. 20201;
Attention: PRA Reports Clearance Officer

1. Client ID:						
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2. Site Number:						
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3. Entry Date:						
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AFL CARE PROGRAMS CORE BASELINE QUESTIONNAIRE

Demographics

1. Age (in years only):
2. How many months until your due date?

Number of Months.....

Less than 1 month.....☐10

3. What is your marital status?

CHECK **ONE** RESPONSE

Single, never married.....☐1

Married.....☐2

Separated or divorced.....☐3

Widowed.....☐4

Other.....☐5

4. What are your current living arrangements?

CHECK YES OR NO FOR EACH	Yes	No
a. Alone.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. With spouse.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. With own mother (include stepmother).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. With own father (include stepfather).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. With baby's father.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. With baby's father's mother.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. With baby's father's father.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. With partner.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. With other relatives.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. With friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. In a group home/institution.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. In a foster home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m. Other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

5. Are you Hispanic or Latino?

Yes ☐ ₁

No ☐ ₂

6. What is your race?

CHECK **ALL** THAT APPLY

White ☐ ₁

Black ☐ ₂

Asian ☐ ₃

Pacific Islander ☐ ₄

Native Hawaiian or Other Pacific Islander ☐ ₄

American Indian ☐ ₅

7. What is your current school status?

CHECK **ONE** RESPONSE

In school or GED program ☐ ₁

Graduated from high school or completed GED ☐ ₂

Dropped out of school ☐ ₃

Other ☐ ₄

8. What is the highest grade you have completed:

CHECK **ONE** RESPONSE

8th grade or below ☐ ₁

9th grade ☐ ₂

10th grade ☐ ₃

11th grade ☐ ₄

12th grade ☐ ₅

Some college ☐ ₆

College degree or more ☐ ₇

Don't know ☐ ₉₇

9. Have you ever been in a job training program?

Yes ☐₁

No ☐₂ → **SKIP TO QUESTION 10**

9a. Did you ever complete a job training program?

Yes ☐₁

No ☐₂

Currently attending job training program..... ☐₃

10. How many hours do you work per week?

Hours per week (Enter 00 if not employed)

11. What is your main source of financial support?

Own job ☐₁

Spouse or partner ☐₂

Parents ☐₃

Public assistance ☐₄

Other relatives ☐₅

Other ☐₆

12. Do you receive money or assistance from any of the following sources?

CHECK YES OR NO FOR EACH

	Yes	No
a. Medicaid.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Food stamps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. WIC	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. TANF	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Social Security	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Unemployment or Workers' Compensation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. General Assistance or other aid	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Child support.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Own job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Spouse or partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k. Parent(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l. Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

ABOUT YOUR BABY'S FATHER...

These next questions are about the father of the baby you are expecting

13. Are you married to him?

Yes ☐ ₁ **→ SKIP TO QUESTION 18**

No ☐ ₂

14. Do you plan to marry him?

Yes ☐ ₁

No ☐ ₂

Don't know ☐ ₉₇

15. Do you and he have a legal agreement regarding child support, alimony, custody, visitation, or where the child will live?

Yes ☐ ₁

No ☐ ₂

16. Does he give you money, buy clothes for the baby, pay for doctor visits, or provide other kinds of support?

Yes ☐ ₁

No ☐ ₂

17. Does he do things to help you with your pregnancy, like providing transportation to the pre-natal clinic or helping with the chores?

Yes ☐ ₁

No ☐ ₂

ABOUT YOUR RELATIONSHIPS, YOUR GOALS, AND FEELINGS ON PARENTING

These next questions are about your relationships with other people, your goals and your feelings about parenting.

18. Looking to the future, do you want to have another baby sometime before finishing high school?

Yes ☐₁
No ☐₂
Already finished..... ☐₃
Don't know ☐₉₇

19. Looking to the future, do you want to have another baby sometime before marriage?

Yes ☐₁
No ☐₂
Already married ☐₃
Don't know ☐₉₇

FOR EACH OF THE FOLLOWING QUESTIONS CHECK ONLY **ONE** RESPONSE

20. How much do you agree with the following statement? It is better for a person to get married than to go through life being single.

Strongly agree ☐₁
Agree ☐₂
Neither agree nor disagree ☐₃
Disagree ☐₄
Strongly disagree ☐₅
Don't know ☐₇

21. How often do you talk to your mother or father about your problems? Or how often do you talk to an adult in the household about your problems?

Almost never ☐₁
Some of the time ☐₂
Usually ☐₃
Almost always ☐₄

22. How much do you stay away from people who might get you into trouble?

- Almost never ☐₁
Some of the time ☐₂
Usually ☐₃
Almost always ☐₄

Please answer the following statements as they apply to you.

23. You think you should work to get something, if you really want it.

- Not at all like you..... ☐₁
A little like you ☐₂
Mostly like you..... ☐₃
Very much like you..... ☐₄
Don't know ☐₉₇

24. You make decisions to help you reach your goals.

- Not at all like you..... ☐₁
A little like you ☐₂
Mostly like you..... ☐₃
Very much like you..... ☐₄
Don't know ☐₉₇

25. You believe that putting a child up for adoption is a good thing for a young woman to do if she feels she is not able to keep and raise the child herself.

- Not at all like you..... ☐₁
A little like you ☐₂
Mostly like you..... ☐₃
Very much like you..... ☐₄
Don't know ☐₉₇

ABOUT YOUR FUTURE...

Thinking of the future, please answer the following questions:

26. How important is it to you to graduate high school, vocational or trade school?

- Not important at all ☐₁
 Somewhat important ☐₂
 Very important..... ☐₃
 Extremely important ☐₄
 Already graduated..... ☐₅

27. On a scale of 1 to 5, where 1 is low and 5 is high, how much do you want to get more education or training such as college or a nursing or a teaching certification?

Low				High	Don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₇

28. On a scale of 1 to 5, where 1 is low and 5 is high, how important is it for you to get training to get the kind of job you want?

Low				High	Don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₇

ABOUT YOUR HEALTH AND HEALTHCARE...

These next questions are about your health and healthcare.

29. What is your current form of birth control or protection from sexually transmitted diseases?

CHECK **ALL** THAT APPLY

No method used..... ☐ ₁

Abstinence ☐ ₂ → **SKIP TO QUESTION 31**

Birth control pills ☐ ₃

Condom..... ☐ ₄

Partner's vasectomy..... ☐ ₅

Sterilizing operation/tubal ligation ☐ ₆

Withdrawal, pulling out..... ☐ ₇

Depo-Provera, injectables ☐ ₈

Norplant..... ☐ ₉

Rhythm or safe period by calendar..... ☐ ₁₀

Safe period by temperature or cervical mucus test,
natural family planning ☐ ₁₁

Diaphragm..... ☐ ₁₂

Female condom, vaginal pouch ☐ ₁₃

Foam ☐ ₁₄

Jelly or cream..... ☐ ₁₅

Cervical cap ☐ ₁₆

Suppository ☐ ₁₇

Today Sponge ☐ ₁₈

IUD, coil, loop..... ☐ ₁₉

"Morning after" pills or emergency contraception ☐ ₂₀

Other method ☐ ₂₁

Respondent sterile ☐ ₂₂

Respondent's partner sterile ☐ ₂₃

Lunelle injectable (monthly shot) ☐ ₂₄

Contraceptive patch ☐ ₂₅

30. How would you describe your relationship with your current sexual partner?

CHECK ONE RESPONSE

- Married to him ☐₁
Engaged to him ☐₂
Living together in a sexual relationship,
but not engaged ☐₃
Going with him or going steady ☐₄
Just friends ☐₅
Just met him ☐₆
Something else ☐₇
Don't know ☐₉₇

31. In the past 12 months, have you received...

CHECK YES OR NO FOR EACH

	Yes	No
a. a pregnancy test?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. an abortion?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. a pap smear?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. a pelvic exam?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. prenatal care?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. counseling for, or been tested or treated for a sexually transmitted disease?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Thank you for participating in this survey!